First and last and always, Mother, through her tender ministrations to the young and sick and helpless,
That's the woman as I see her not a dew-drop, not a plaything,
For your poets or your princes, but a splendid great creation,
From the Master-Builder's workshop for the healing of the nation.

THE ELEMENT OF PERSONALITY IN NURSING
I. THE ROLE OF TEMPERAMENT

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A factor which looms large in the daily experience of nursing and one regarding which the nurse has unfortunately received but meagre, if any, instruction in training is the temperamental equation of the patient. Each case which comes under the care of the nurse is an individual case in the fullest meaning of the term individual. It is more than a matter of individual diseases and pharmaceutical individuality. The patient is as much an individual personality as an individual person. The most marked and obvious variations between individuals as they concern the activities of the nurse are not organic and physiological variations but differences in that intangible group of mental characteristics which give rise to what is called human quality or personality. It is this factor of personality which makes attendance upon one patient a tiresome drudgery while attendance upon another case, similar in all respects save the matter of human element, is a refreshing joy.

I know of no training school which includes human personality in the curriculum unless it might be in the prolegomena where nursing ethics are under discussion and "always cheerful, always consistent, always considerate" are found to be some of the complex traits that aid the nurse to approximate the dignity and reserve of personality which her profession requires. I am of the opinion, however, that those with an extended nursing experience will support my contention, that in innumerable cases, which are by no means a rarity, it is the personality of the patient rather than the personality of the nurse that causes a maladaptation of the sickroom situation. The grumbling, discontented, faultfinding, reserved, worried, fretful, mischievous, happy, grateful patients are what make nursing a boredom or a delight, as the case may be; and these traits are fundamentally a matter of the personality characteristics of the patient. A careful study

of some of the more important elements of the patients' personalities evidently would go far toward facilitating an adjustment and reducing the strain on both the patients and the nurse, making nursing a trifle more endurable at times if not at all times and, as will be shown with some little detail later in the paper, the personality traits which we will consider are really influential in assisting or hindering a recovery.

There are a few persons who seem to be especially gifted in understanding the human quality in others. We see evidence of this on the wards of the state hospitals for mental diseases in the case of a select group of relatively untrained but sympathetic workers who have established a *rapport* with a large number of mental patients in whom the personality characteristics are most exaggerated and usually one-sided. The successful business executive, the man who is fortunate in his management of healthy people, also seems to have an intuitive knowledge of human personality and its relations. Likewise many nurses by a gracious Providence are capable of adjusting themselves to almost impossible situations and of adjusting situations to themselves. As a rule the nurse with a long period of service has accumulated a set of working hypotheses from actual contact with a variety of personality reactions and can manage the adjustments of a rather difficult situation better than can her less experiences co-worker.

All of us are not endowed with this sympathetic power of understanding human qualities and one cannot acquire a large enough experience to form adequate working hypotheses without feeling many rebuffs and being party to many bunglesome adjustments. However, it is not all a matter of experience and special insight. A familiarity with the facts and functions of some of the more important components of the personality will greatly shorten the time required to provide better adjustments to difficult situations and raise the general level of personality relations with the reciprocal beneficial results upon the nurse and the nursed.

To establish an adequate basis for the understanding of the personality from the needs of the nurse, it is necessary to go rather minutely into a consideration of some of the prime components of this human quality. The central mental material which is the main determinant of the personality is found in the affective life which radiates into all activities of the human organism and on occasion dominates the whole behavior. Some idea of the vast sway of this affective life can be gleaned from the statement that it is always present and not rarely is the ruling element, dominating both the overt behavior (visible action, such as striking at an enemy in defense, fleeing from danger or blushing) and implicit behavior (reactions

ordinarily unperceived such as glandular response, changes in cell permeability, increase of the Nissl substance in nerve cells, etc.) of the organism.

All mental states, all moments of consciousness, are accompanied by *affects* or what may be termed *feeling-tone.* As you read these lines the perception of the words and meanings is accompanied by a feeling of pleasantness or unpleasantness, of mild pleasure or of mild displeasure. This feeling of agreeableness or disagreeableness may be caused by cramped diction in these lines, by a disapproval of the subject about which you are reading, by a persistence of some memory of a grumbling patient which the second paragraph of the article brought to consciousness, or by the fact that all evening you have been elated over the perfect beauty and becomingness of a new bonnet you purchased this afternoon. Whatever the cause of this feeling of pleasantness or unpleasantness which you are just now experiencing in a mild, or marked form, it is present and you can discover it by self-inspection of your mental content.[1] This vague feeling (from which the term feeling-tone originated) may perhaps be more readily discovered if you recall a pleasing scene which you have witnessed and contrast the feeling of pleasantness with the unpleasantness caused by memories of an accident or a severe reprimand.[2]

This affective quality of pleasantness or unpleasantness is always present in our mental life but varies in amount and kind from time to time. We are not always exuberantly joyful or miserably melancholy. A generally optimistic person, however, is usually an optimist against all odds, and the optimistic strain permeates his entire behavior, although the death of a loved one may alter his affective feeling-tone temporarily.

These affective qualities which accompany all mental states are known as *simple feelings* when they are of a fairly simple nature and arise directly from some immediate stimulation; for example, the unpleasantness many persons experience in hearing the squeak of a caster or in smelling the odor of asafoetida. When the affective reaction is more complex and the stimulus or cause is less definite and less simple, the result is known as an *emotion.* Examples of emotions are fear in an accident, grief over the demise of a friend, and joy at

[1]This is called introspection by psychologists.

[2]I find personally that motion pictures offer an excellent opportunity for the observation of affective states, although such observation does take the edge off the dramatization. If a person can catch himself in a state of excitement or pleasure, mirth, fear, tender emotion, grief, etc., while witnessing a motion picture, an almost unparalleled opportunity is had for observing the general feeling of expansion that goes with pleasure, the dry palate in fear, the quivering laryngeal musculature in tender emotions, etc.

again meeting a relative from whom one has long been separated. When the affective state is extremely intense and of relatively short duration, we have a *passion* such as anger, terror, and rage. In the other direction, an affective state which amounts to a mild emotion and is continued for some time is termed a *mood.* We have as illustrations of moods a "spell of the blues" and its opposite state of general mental well-being. Moods of moderate intensity may become continuous and really become permanently dominant in one's mental life. Thus we have the various *temperaments* such as the continually anxious, the eternally suspicious, the quarrelsome, and the optimist. It is in the sphere of temperaments that this brief psychological introduction to the question of personality, as it comes into contact with practical nursing problems, will bear the greatest results. Temperaments are thus seen to be really affective states of weak intensity and long continuance almost to the point of permanency.

As long ago as four centuries B. C., Hippocrates, the ancient physician, propounded his fourfold classification of the temperaments which is classic to this day. His divisions are the sanguine, the choleric, the melancholic, and the phlegmatic. Galen the physiologist, who was in reality a philosopher, described four humors in the body; namely, phlegm, black bile, yellow bile, and blood, and to these he ascribed the production of the different temperaments. According to Galen, for example, individuals in whom the phlegm was dominant would be phlegmatic, and so on with the other humors. The bodily humors do have a very important function in temperament, as we shall later find, but it is not nearly so simple a matter as Galen would have it.

At this point nothing could profit us more than to take up the temperamental symptoms, so to speak, of these four classes of temperaments. This will make it possible to classify ourselves and our patients, and when we turn to the practical indications we shall have some fairly concrete instances firmly fixed in mind.

The *sanguine* type are the optimists, enjoying life as they find it and taking a great joy in living. They are happy and hopeful, bubbling over with enthusiasms, but conservative in their enthusiasms. Their personalities are usually pleasantly infectious and socially they are the life of the party. On the score of action they can be described as rather slow to action but strong when once in action. In contrast with these sanguine people who make the best of things as they are, we find the *choleric* who are usually dissatisfied with the present order of things and who go ahead to change and improve creation. The choleric are much quicker to respond than the sanguine and respond much more vigorously. They are fitful and uncertain, self-conceited,

quarrelsome, overbearing, jealous, inordinately haughty, and strong in retaliation. Friendship with a choleric is always uncertain for it may end in a fit of passion; he is always right and others are always wrong.

The *melancholic* is not exactly what might be implied by the name. Primarily they show a tendency to delay the response to a situation until it has been carefully pondered over and even then they are usually somewhat hesitant in action. They are not interested in the superficial but possess a basal seriousness and consequently have a great capacity for heartfelt sympathy and deep affection and are religious with a tendency toward mysticism in their religion. They have a range of emotional variability and will laugh and jest on occasion but in general are a worried type, lingering on the darker side of things, moody, and anticipating troubles that never happen.

The *phlegmatic,* like the melancholic are slow to action but with these, even after the action has been carefully pondered over, it is usually avoided by inaction. They are the easy going type of personality, repose rather than action is their chief characteristic. They joke with difficulty and have a tendency to criticise others scurrilously. Ordinarily they are not easily started in action but when once under way, display no little persistence. They have an inability to be depressed or overjoyed, they are not quarrelsome and are not effusive. Where the choleric will slap you on the back and shake hands vigorously, the phlegmatic will recognize you, perhaps say "Good morning," and possibly shake hands or lift his hat in recognition.

Patients with the choleric temperament are the prime grumblers and fault-finders, and they take the lead in seeking trouble and dissatisfaction. Ordinarily accustomed to use a large amount of superficial energy as an outlet for their mental energization, this activity must necessarily be curtailed in the sick-room, and unless this tempermental motivation is given a motor outlet, as it is in the "fidgety," restless patient, the nurse is very likely to be made the object of wordy abuse and criticism. The phlegmatic patients are quiet and monotonous, almost to dullness, reluctant about spontaneously conveying information regarding their bodily condition, and requiring much more attention to their state of health than does the choleric who will make known his least discomfort and request the pillow changed and the sheet smoothed, dozens of times daily. The melancholic are overly eager to obtain sympathy and are usually worried about their condition of health; they fear the nurse will perhaps fatally neglect them, at some moment, and in almost the same thought will entertain the fear that the nurse is over-working and will perhaps contract some disease from them. The sanguine patient is

probably the best all-around patient,—jovial, frank, loath to complain or cause any unpleasantness, adaptable to a variety of situations, and capable of appreciating the trials of nursing. It is these sanguine patients who, when on a ward, are the first to indicate to the nurse that they understand the fact that some of the other patients are a millstone; by their well-liked personality they add a measure of cheer to many a difficult ward group of personalities.

Among our friends and acquaintances it is possible to select certain ones who are unmistakably of the choleric type, others of the phlegmatic, and so on. It is also possible for one, if he is very frank with himself, to introspect and find his proper niche in the above classifications, and it is of no little value to make such an analysis of one's self and try to find just what are the strong and the weak points of our personal temperaments, for they all have their strong and their weak points. For some it may be a difficult task, however, for aside from the question of absolute frankness, there are many types that are called *mixed types*. That is, ordinarily sanguine personalities have a slight admixture of the melancholic or the choleric, which make it extremely difficult to really determine which is the predominant trait. We have an example, not of the mixture of temperaments but their alternation, in the *clyco-thymic* personalities where the choleric and melancholic alternate. When these two particular temperaments become very marked and their alternation definite, so that they are no longer normal, we have a maniac-depressive mental disorder with which every nurse is familiar.

(*To be continued*)

THE WORK OF THE PRIVATE DUTY NURSE, TODAY[1]

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You, who are members of this Division and of the American Nurses' Association, know, or should be familiar with, the requirements of these organizations. Several years of education and training are required before a nurse is considered eligible for membership. Therefore, every superintendent looks for a girl of good breeding and refinement, and one who is teachable. When an applicant enters the training school, the superintendent places her where she thinks she can best adapt herself, noting her attention to work, her neatness, deportment, observance of rules, obedience to the doctors and head nurses and the improvement made along these lines.

[1]Read at a meeting of the New England Nurses' Association, Concord, N. H., May 11, 1921.